
# BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

November • 1958
Vol. XXVIII • No. 11
Youngstown • Ohio

# NOVEMBER MEETING

## TUESDAY, NOVEMBER 18

## ELKS CLUB

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SPEAKER

**Dr. I. Arthur Mirsky**

*Professor and Chairman,*
*Department of Clinical Science,*
*University of Pittsburgh School of Medicine*

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## NOMINATION OF OFFICERS

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5:30 - Indoctrination Meeting
6:30 - Cocktail Hour
7:30 - Subscription Dinner
8:30 - Meeting

DINNER RESERVATIONS MUST BE IN NO LATER THAN FRIDAY, NOVEMBER 14

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## DECEMBER MEETING
## TUESDAY, DECEMBER 16
## ELKS CLUB

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## ELECTION OF OFFICERS

## OFFICERS AND COUNCIL

### OFFICERS

A. A. DETESCO, Pres. 2921 Glenwood Avenue
M. W. NEIDUS, Pres-Elect 318 Fifth Avenue
A. K. PHILLIPS, Secy. 1005 Belmont Avenue
F. G. SCHLECHT, Treas. 2218 Market Street
M. S. ROSENBLUM, Editor Home Savings and Loan Building
H. C. REMPES, JR., Exec. Secy. 1005 Belmont Avenue

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| G. E. DECICCO (1959) | P. J. MAHAR (1959) | J. J. McDONOUGH (1958) |
| S. W. ONDASH (1960) | H. P. McGREGOR (1960) | C. E. PICHETTE (1958) |
| | C. W. STERTZBACH (1961) | F. A. RESCH (1958) |

Representative to the Associated Hospital Service
J. M. RANZ

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# Our President Speaks

There is a most commendable current emphasis on the treatment of chronic diseases. The appropriate and proper therapy is necessary but the challenge to each and every physician must be to the prevention and early control of such chronic diseases as cancer, glaucoma and diabetes. Clinical studies have shown that when these diseases are diagnosed early and treated properly the prognosis is most encouraging.

Every physician's office must become a diagnostic center for these diseases. The diagnosis of any disease is a direct result of the entity being considered and thought of. Cancer must be sought in every patient no matter what the symptoms. We know curable cancer has no symptoms. Aggressive and definitive diagnostic procedures must be instituted in all cases. The recent advances in cytology and roentgenography are useless without adequate and proper application. Physicians and patients must constantly be reminded that the reduction in the morbidity and mortality of malignancies will result only from the diagnosis of asymptomatic lesions.

Glaucoma with its grave complications of blindness presents a problem. Its insidious and unrelenting progress makes early diagnosis mandatory for the prevention of this ultimate blindness. The recent glaucoma detection program by our ophthalmologists has focused attention to this disease. We must think of glaucoma every day and not just one day a year when a detection program is sponsored. The public must be constantly alerted to the prevalence of this disease. Every physician should become well versed in the use of a tonometer. In no other way can this disease be diagnosed early when it is curable.

This brings us to diabetes with its many complications which can be prevented only by diagnosis of the disease when the symptoms are absent or mild. This disease again projects the practicing physician into the front line of preventive medicine. Through him a huge amount of illness and disability can be prevented.

One of every 80 individuals has diabetes without being aware of it. The public must constantly be told how diabetes begins insidiously and without symptoms; the ease with which it can be detected; the value of early diagnosis and control; the damage to health when uncontrolled and the importance of an annual check for diabetes.

The annual diabetes detention campaign of the American Diabetes Association is most praiseworthy but we must be aware of the limitations of urine examinations in the diagnosis of diabetes. There are many diabetics with an elevated renal glucose threshold who will fail to excrete sugar and many borderline diabetics may have blood sugars as high as 150 mgm. without glycosuria. All routine or diagnostic urines or blood sugars should be done on post prandial specimens. This screening will result in patients falling into three groups. One, with a normal carbohydrate metabolism who should be followed at two to three year intervals. Two, a group of pre-

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# BULLETIN of the Mahoning County Medical Society

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## EDITORIAL

### THE PHYSICIAN AND CITIZENSHIP

There is no doubt that the physicians after years of formal study in College, Medical School. the internships, etc. are sincere in their efforts to help their fellow man. In order to keep abreast of the times we attain further knowledge through post-graduate studies. All medical instruction of the physicians in this country after the year's internship is a self-imposed discipline, arranged, administered and usually paid for by the doctor himself. This is further evidence of our sincerity and desire to develop to the highest degree of our ultimate capacity the worth of our earning space on this earth! And though we do plenty of charity work on our own, we ought also to be engaged with our fellow man in Community projects to aid in welfare organizations' varied tasks.

On the national level we have our worldly ideals and ideas to uphold, in order to preserve our form of government—one that is governed by the people and founded on the principle of guaranteeing life, liberty and the pursuit of happiness.

Our city, state and country has the need of active participation of each and every citizen, and in particular, those of us whose privilege it has been to have had so much academic training. It is true that basically, physical sciences were the required majors of our training, but we were also educated in the social sciences, languages and humanities curricula.

The premise—if such were the case—that physicians should adhere exclusively to the practice of medicine is outmoded! A doctor, like every other professional, business, trade or industrial worker has a debt of responsibility to take an active interest and working part in Civic and Community affairs. If by declaring your conviction upon a certain principle or any vital, and yes, even controversial conviction, the esteem of certain valued patients might be temporarily alienated, it is a risk that must be taken. That sort of person might then learn that the doctor's calling is essentially that of administering to the health of people, but that basically,

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## OUR PRESIDENT SPEAKS (Continued)

diabetics with abnormal carbohydrate metabolism but not frank diabetes. This group must be checked at least once a year and if overweight, put on a diet. Third, is the group of actual diabetics who need careful instructions and frequent follow up. The above concepts and principles must be realized by every physician; otherwise, the one million unknown diabetics will remain anonymous.

Dr. I. A. Mirsky on Nov. 18, 1958 will be here to tell us of the latest developments in our knowledge of diabetes. This will be one of the outstanding meetings of the year.

*Andrew A. Detesco, M.D.*
*President*

## EDITORIAL (Continued)

he too is a family man and a voting citizen who also desires the best in government, civic acts and reforms, just as does his non-physician next-door neighbor.

We should not wait until action *must* be taken, especially by others—let us be working members to help shape and form policy from root levels.

If we truly believe that socialized medicine will not be good for our country, let us act and work to prove the worthiness of our present system. If we firmly believe that our country cannot thrive and continue to grow, with full privileges in some places for Whites—and only part privilege for colored skins, then let us be heard!

Usually one finds or makes available time for those things in which he is interested—and when he does not want to do certain things, excuses are easily found.

We cannot afford to be complacent, making excuses for ourselves and using our Profession as the possible shield to protect us from taking a working part in Civic affairs.

Let us all do our fair share in making our Community an integral and exemplary part of a better world in which to live.

*Morris S. Rosenblum, M. D.*
*Editor*

## DIABETES WEEK NOVEMBER 16-22

The Diabetes Committee of the Mahoning County Medical Society will be conducting the annual Diabetes Week, November 16-22. Dr. Herman H. Ipp is committee chairman.

During Diabetes Week, free urine tests will be given at all doctors' offices and at the hospitals. Doctors will be supplied with diabetic testing material. The Committee will publicize the diabetic campaign with television and radio talks.

The November meeting of the Society will be a Diabetic program. Speaker will be Dr. I. Arthur Mirsky, Professor and Chairman, Department of Clinical Science, University of Pittsburgh School of Medicine, since 1951. Dr. Mirsky is the author of 240 published articles on carbohydrate, fat and protein metabolism and others.

Members are urged to attend this meeting, which will also be a meeting for nomination of officers. Reservations must be received by the Society office no later than Friday, Nov. 14.

Diabetes Week is an effort of the entire Medical Society, and deserves the full cooperation of all members.

## COUNCILOR'S PAGE

Within the next few weeks, the executive board of the United Steelworkers of America will meet to form a special committee to look into feasibility of an ambitious project—establishment of a system of hospitals and clinics comparable to that of the United Mine Workers. Taking of this preliminary step was authorized at the union's national convention recently in Atlantic City.

UMW's Welfare & Retirement Fund is financed by mine operators' 40-cents a ton contribution. A parallel program for steel workers would also be paid for in full by the employers. At present they share equally with labor the cost of health insurance premiums.

The above is a report we have from WRMS. So now steel may enter the medical care field. If you do not realize what this means to our profession—but I am sure most of you do—do a little investigating and find out. Most of us have thought that it could never happen here.

And after you have pondered on the above, read this report from our Washington office.

Social Security Administrator Charles I. Schottland, back from a one month tour of Russia, is impressed with the Soviet Union's progress in rehabilitation and care for old people. Based on his own observations and data furnished him by the Russians, Mr. Schottland reports:

1. Russian researchers have prepared separate pamphlets on each disabling disease. Mr. Schottland is having these translated for the information of the medical advisory committee on disability.

2. About a third of old people in Russian institutions are working on a voluntary basis, but for pay. He thinks that perhaps nursing homes and other institutions in this country can make more progress in this direction.

3. Nurseries and old peoples' homes in Russia are "excellently" staffed, with one employee for about every three old persons and one for every two and one-half children. Mr. Schottland says that about two-thirds of the Russian population is covered by social security, paid for entirely by the employers (government runs all large enterprises).

He made the point that a comprehensive social security program is almost a necessity for the Russians, inasmuch as under their socialistic state wages are about the only source of income and when wages stop the people can only look to social security.

Also making the tour were Victor Christgau, Robert J. Myers, Corinne H. Wolfe and Arthur E. Hess, all social security officials. A similar Russian group will tour the U.S. shortly.

In about 90 days the White House will be sending to Congress its proposed budget to run the government in 1959-60. One of the major items, it is felt, will be a provision for prepaid medical care and hospital insurance for some 5 million Federal employees and their dependents. On a contributory basis, the amount would come to at least $100 million a year out of the U.S. Treasury. (WRMS)

There never was a time when we were going into socialized medicine at a faster rate than we are today. There never was a time when it was so

important for us that we exercise our very best judgement in selecting our own County Medical Society officers. There never was a time when we should be so concerned about electing the very best county, state and national legislative officials. Perhaps our members are not aware of their dangers. We ourselves have become to complacent with the illusion, that somebody will do something when the time comes—that resolutions rightly timed—will turn the tide—that the legislature or the Congress can be pursuaded by honest and skillful lobbying that a well documented, strong appeal before the committee will cause the law-making body to do what it should. Nothing could be further from the truth. As Dr. Pat Kennedy told me this morning "You can't stop this thing by making speeches."

Our Bulletin should be a medium to let members know what is going on. After reading the Proceedings of Council I know very little more than if I had not read it. For instance, I'd like to know about the proposed venereal detection program and what we were asked to approve. I'd like to know what the Polio Committee has to report. What did the Pre-school Health Committee report? What are the arguments for and against hospital clinic space for electric shock treatments?

In view of the fact that our State Bulletin and AMA Journal do not accept cigarette advertising I think it is very unwise that we do so. If we are that "hard up" for money we better have another raise in dues. We should pay our own way!

The Federal Trade Commission, in a decision based wholly on expert medical opinion, has ordered Liggett & Myers Tobacco Co. to stop advertising that its Chesterfields are uninjurious to nose, throat or accessory organs. FTC's action resulted from testimony presented by an allergist, an anesthesiologist, an otolaryngologist, a physiologist and a pharmacologist.

The Commission was influenced by fact that all medical witnesses, even those testifying for L & M, "recognized cigarette smoke as an irritant." Stress also was placed on the fact that the allergist, anesthesiologist, and otolaryngologist agreed that in years of clinical practice they were unable to distinguish any difference in mildness between Chesterfield and any other brands. We as a Bulletin have no business to get into this cigarette advertising race. We should have more dignity.

The Aid to Aged is a problem. Have we come up with any new suggestions? I think you will readily see that if we use the Bulletin for the purpose it is intended, considerable space must be given to the "Proceedings of Council." The above is not intended to be a criticism in any way, but to point out the fact that our members are not sufficiently informed about what is going on.

*C. A. Gustafson, M.D.*

## NURSES HONOR PAST PRESIDENTS

Eight past presidents of District 3, Ohio State Nurses Association, were honored at the Association's fall dinner meeting.

A past president's pin was presented to Mrs. Donna Sims, Mrs. Violet Collingwood, Mrs. Lucy Whalen, Miss Margaret Sullivan, Mrs. Gernie Bright, Mrs. Gertrude Modarelli, Mrs. Helen Colbert, Mrs. Winifred Delfs, and Mrs. Edna Viets. Mrs. Donna Sims is the current Association president.

Mrs. Therese Melillo, chairman of the awards committee, also presented a plaque honoring both past presidents and those nurses with 35 years of service or more.

Speaker at the meeting was Miss Dorothy Mereness, director of the psychiatric mental health nursing program at New York University.

# THE RELATIONSHIP OF RELIGION TO MEDICINE

*Rev. George M. Franko*
*Ass't Pastor, Holy Name Church*
*Instructor of Ethics, St. Elizabeth's Hospital*

Medicine and Religion, both noble disciplines, are meaningless without man. To both, man's life and health are a sacred trust. Medicine protects them against physical harm; religion guards them against spiritual ruin, and orders them towards a destiny beyond the grave. The story of man is the story of medicine, since both doctor and patient are men; and the story of man is incomplete without his relationship towards his Creator. If we were to search for the least common denominator of both doctor and patient in their relationship to the Creator, I think that it would be duty, for duty binds doctor to patient, and duty binds doctor and patient to God.

Both medicine and religion are concerned not only with what is, but with what *ought* to be. Indeed this word "ought" and the idea it covers form our main topic. Because of the flexibility of the English language, words often take on numerous shades of meaning, but if we ponder the matter carefully, "ought" expresses two main ideas, duty and fitness. And these uses are somewhat akin, for there is a fitness about doing one's duty. The reason is that there is a certain constraint, force, or necessity binding man to it. Needless to say, man is not bound to it by physical necessity, such as that for food or oxygen, yet for all that, a real necessity, one which constrains us to do certain things, such as telling the truth in difficult circumstances, and to avoid others, such as betraying a confidence, even when there is no danger of discovery.

How does such a necessity arise and whence? To this question there have been many answers. Association of Ideas, Environment, Evolution, Heredity have all been among the explanations proposed. To the materialist, these explanations suffice even if they undermine the solid basis of morality. To reject materialism, however, is not to ignore the material. The religious man observes nature as does the materialist, but he reads its story in a different context. For example, everyone observes that an unsupported body *must* fall; water *must* seek its own level. Why are we so confident that these things *must* happen? Because we have learned this from experience; and experience then demonstrates the existence of physical laws. We deduce that the necessity arises from the natures of these objects and the physical laws that govern them. The religious man goes on to consider moral necessity, or duty, in the same general context of creation. The necessity is analogous, so then must be its source. It too must arise from law, ultimately from the Eternal Law of the Creator, but proximately from something in human nature itself. Just as the urge, by which the plant or animal is impelled to reach out to the perfection proper to it, is from nature itself, so it is that the necessity which is laid on man's will to strive after the perfection which is his, must be in some sense from his nature itself. In the words of Cicero: "There is a law which need not be written; it is born; a law which we have not merely learned, accepted, or read. Truely, we discover it in nature, and draw it out of nature, since we are not taught it, but made according to it; not trained in it, but embued with it."

This sense of duty, which we might call natural, because it springs from

nature itself, is not always naturally obeyed. There are instances when a particular duty is obscured by personal sentiment; there are clashes of divergent duties, when a choice becomes dangerously difficult; there are situations when the consequences of duty are so severe, that the bounds of even duty seem to weaken to expediency. Religion's place here is to explain, to protect, to help. Religion reminds man to fix his sight upon his ultimate goal, to remember that his first duty is to strive for perfection which he can achieve in this life only through purity of conscience and in the next, in the posession of God. Religion teaches man to look upon his fellow man as his brother under God, to whom he is duty-bound by fraternal charity. Religion preserves for man the few personal messages of God to man given by revelation, messages which elucidate the moral law, and consequently personal duty. If duty is the ear of conscience, it is the Creator whose call is heard—and it is religion which makes that call re-echo in the world. Religion, not content with offering incentives and directives, holds out helps to duty in her sacramental system, and in her prayers. Natural duty becomes religious duty, stronger because clearer, stronger and more possible.

Nowhere should this sense of duty be more keenly felt than in the medical profession, where it is still re-inforced by the Hippocratic Oath. If duty is the universal experience of mankind, could duty be lightly brushed aside by a physician, who is called upon to usher life into this world, and to escourt life out of it? And what of the countless contacts with life between these two termini? At every instant of his professional life, the physician is called upon to render service, proper service. His skill must be used to help, not to hinder; to heal and not to harm; to protect, not to destroy. Day by day, the doctor is confronted with duty, in pleasant circumstances as in trying; and ultimately the doctor will be judged, not only as a man, but even as a doctor, not by his medical skill, but by his response to the call of duty. This will assuredly be the basis of judgment if not before men, before God.

Duty does not end with the doctor. It is at once gratifying and frightening for the doctor to know that the object of his services is a man with the same dignity, the same basic rights, and the same basic duties, as are his. He cannot gamble with that dignity; he cannot ignore the duties that the patient has toward society and his Creator. The object of a doctor's treatment is not only cancer, tuberculosis, hemorrhage; the object is a man, a man who even if he must succumb to a dread disease in spite of the doctor's skill, need not lose all by it. As a man, the patient is bound by duties to God and man, and the physician is in no position to cancel these duties through well meaning and perhaps eagerly sought advice—which nevertheless will only besmirch the consciences of patient and doctor. And at the close of life, which it is the doctor's privilege to witness so often, the duty to prepare for meeting the Creator weighs heavily upon the individual conscience. Many times it will be the doctor's duty to inform his patient of that awesome duty, of its urgency, or of the short space of time remaining within which it might be fulfilled. The physician's attitude then best shows whether he appreciates not only his medicines, but also his patient—and what good are medicines or the medical profession without the patient?

A sense of duty then unites a conscientious doctor to a patient, and both to their Creator. It is the purpose of religion to help both maintain this union inviolate.

## THE ROLE OF CYTOLOGY IN CANCER OF THE CERVIX

As long ago as 1928, Papanicolaou while investigating cyclic cytologic changes in vaginal smears, noted malignant cells in a case of uterine carcinoma. This case was forgotten for over ten years while his physiologic studies were continued, until in 1942 and 1943 he published several articles in rapid succession. The first was on a more satisfactory method of fixation an new azo staining technique which permitted better preservation of cells and gave greater clarity allowing visualization through cytoplasm of underlying cells. The second explored the theory of lack of cohesiveness in malignancy, which give rise to a greater degree of shedding of cells from a malignant surface and therefore, an increased concentration. Finally, there was a series of cancer cases detected by this technique accompanied by magnificent illustrations which were shortly afterwards incorporated into an atlas. Many other groups, notable Meigs in Boston and Ayre at McGill, quickly adopted this new diagnostic method and by 1946, it was well documented and well on its way to general adoption by the gynecologists.

The pathologists, however, were more cautious and at this period, as a resident in pathology, I ran head-on into the current of controversy of the relative value of cytologic versus histologic criteria. Protracted discussion took place on whether a "single swallow made summer," as well as, whether there really was a pre-invasive stage (Carcinoma in situ) before malignant cells had broken through the basement membrane. Many of the elders in pathology, convinced that it was presumptuous of their colleagues to base diagnosis on cytologic changes, flatly refused to bother with this technique. An otherwise brilliant pathologist flatly informed me, his resident, that he would not bother with this "new-fangled" diagnostic method dependent on the morphology of a single cell. His innate objectivity, however, prevented him from forbidding me to investigate it and thus to satisfy the demands of the gynecologic service.

A few years later with the accumulation of large numbers of studies, general acceptance followed and by 1950 when the American Board of Pathology required training in cytology for certification, I was in charge of a cytologic teaching center for pathologists. The technique rapidly expanded to include all accessible surfaces, even to the ridiculous level of visible readily biopsied skin lesions. At the opposite extremity it developed to the point that some observers advocated smear diagnosis of brain tumors—difficult enough even with histologic sections. Time, the great leveller, tended to heal wounds and consolidate positions so that gradual universal acceptance has been achieved in the diagnosis of cancer of the uterus, bronchus, stomach, breast, urinary tract, etc.

New techniques have evolved including cannula aspirations, brushes on gastric balloons, etc. whose purpose is to obtain greater concentration of cells with a minimum amount of effort. Modifications of fixation and staining methods for increased reading accuracy are still frequently appearing in the literature. Mechanization of diagnosis has been attempted with complicated electronic screening "cyto-analyzers" which automatically measure size of nucleus, nucleolus, nuclear cytoplasmic ratio, fluorescence and intensity of staining, etc. Automation may finally appear which would make universal routine testing practicable.

At this juncture one may well ask "Why all the furor. Aren't conventional biopsy techniques superior?" With obviously visible invasive cancer, the cytologic techniques offer little except confirmation while primary biopsy provides for minimal delay in instituting definitive therapy. However, biopsy

procedures would just as surely miss many of the invisible in-situ lesions, as well as, all of the inaccessible lesions such as endocervical and endometrial locations.

The diagnostic accuracy of cytologic diagnosis in experienced hands ranges from 95% in cases of invasive carcinoma to 70-90% in carcinoma in situ, where the cells may not desquamate as readily, or, having shed, do not exhibit as marked anatomical changes. Thus, we find an average of about 10% negatives which should not give patients a feeling of false security. Many of these will probably be caught on the next examinations. The few false positives—about 5%—are due to inflammatory diseases—notably Trichomonas, as well as, pregnancy, etc. These make compulsory biopsy confirmation of all positives mandatory.

The problem is further complicated by differing opinions on what constitutes carcinoma-in-situ. The line of demarcation between non-invasive carcinoma on one hand and basal or reserve cell hyperplasia and atypical or dysplastic squamous hyperplasia on the other hand is not sharp. Even granting that this differentiation is accurate what is the prognosis of the carcinoma-in-situ lesion? Most of the ten-year follow-ups have revealed that a sizable proportion do become frankly invasive carcinoma. However, this proportion varies in different series from a low of 5% to a high of 30%. Final judgement must await more detailed analysis and larger numbers of cases. During the interim, however, those lesions judged carcinoma-in-situ must be treated by surgery or carefully followed as the only means of reducing the mortality of uterine carcinoma.

A trained individual is capable of screening 25 slides per day which is probably the maximum point of visual tolerance beyond which the accuracy and effectiveness of the technique drops sharply. This adds up to 5000 per year for each screener which would require 100,000 full-time people to screen the 50 million women of cancer age in the USA. Since there are only 2,000 rather busy pathologists, the necessity for using technician screeners becomes acute. Firstly, it was determined that the accuracy of the procedure would not suffer because of lay personnel screening since properly selected individuals with six months of training become just as skilled at screening out the 95% of normals as the pathologist-cytologist. It became equally obvious that any large scale program directed at cytodetection would require preliminary recruitment and training of large numbers of people prior to a public education program. Accordingly, those of us with sufficient experience and adequate material and personnel have, with the aid of American Cancer Society, already set up programs in accordance with the criteria of the Colleges and the American Society of Medical Technologists. These require two years of preliminary college education including biologic sciences and six months of training at an approved institution. Scholarships are available and recruitment is the fuction of all physicians.

The problems of the pathologist rest mainly in wrestling with problem slides. Of the 5,000 slides going through her hands per year, the cytotechnologist should be capable of eliminating 4,800 as clearly negative. Another 100 would finally be consigned to the negative group (Class I or II Pap) by the pathologist—costing an infinite amount of study and worry before he generally recommends recheck at stipulated intervals or repeats after infection subsides.

The remaining 100 would be classified as slightly suspicious or highly suspicious (Class III, IV, and V of Pap) and a biopsy requested. This must always be obtained by "cold knife"—never cautery and should always include the squamo-columnar junction. In addition to specimens obtained from

the four quadrants it should always include all suspicious lesions, as well as, those failing to take the iodine stain (Schiller test). These specimens are studied by multiple sections. Of the 100 cases so studied, 25 will prove to be negative, failing to reveal the source of the suspicious cells. These will require "cold knife" conization with multiple sections and if these too are negative, D&C to rule out endometrial or endocervical origin. About 50 will be obviously cancer and if definitely invasive, radiation treatment should be started to salvage the 20% of cases showing lymph node metastases. If these is no invasion, conization again provides the only way of excluding invasion at another area. Another 25 will exhibit "basal-cell hyperplasia" or "dyskeratosis" as the source of the cellular atypism and a recommendation for follow-up studies will be made. The first two groups will result in about 90% of the 75 being diagnosed as carcinoma in situ and 5-10% as Stage I with early invasion.

In summary:

The role of the clinician, is to have a high index of suspicion and to make smears of all women in the cancer age level. The smears should be taken in the intermenstrual phase without prior douching and without the use of lubricants. The slides should be labelled prior to the smearing and should be fixed immediately without any delay that might result in drying and submitted with adequate history. The biopsies should be obtained without distortion (no rubbing or cautery) from the proper locations and, when necessary should be followed by sharp knife conization. With these provisos it should be possible to detect about 90% of cervical carcinoma in its silent, invisible, pre-invasive stage and to cure almost all of these—sharply reducing the mortality of this most-frequent variety of female cancer.

*Bernard Taylor, M.D.*
*Dir. of Pathology*
*St. Elizabeth Hospital*

## BUY BONDS

"Share in America," a community-wide campaign to stimulate thrift and stress the personal and patriotic values of regular investment in U. S. Savings Bonds, will be launched in Youngstown, November 25th. Lt. General Lewis B. Hershey will kick-off this Savings Bonds Drive at a dinner meeting to be held at the Pick-Ohio Hotel on that date.

The Youngstown campaign is part of a nation-wide effort to mobilize the power of thrift and economic stability behind our national drive for peace and preparedness. The. U.S. Treasury Department seeks to add one million new participants to the Payroll Savings Plan for U. S. Savings Bonds. Youngstown's share of this national goal is 5,000 new payroll bond buyers.

Walter H. Paulo, Executive Vice President of Isaly Dairy and Chairman of the Youngstown Savings Bonds Committee, states that during the week of January 12-17 an intensive effort will be made to have every employed person in the Youngstown area personally invited to start or increase payroll savings, or to start the "Bond a Month" plan where they bank.

You are invited to attend the November 25th dinner meeting to hear General Hershey present a current picture of the challenge which we face as a nation. Reservations can be made by calling the Isaly Dairy office. Tickets are $5.00.

We can have no better investment than in our government. You take no chances and you help to keep our country free and prepared.

Buy a U. S. Government Bond each month for your family.

## MEET THE OLD PROS

DR. SAMUEL TAMARKIN

Doctor Samuel Tamarkin started general practice in Youngstown, Ohio, in 1926. He was born in Russia in 1899. His family came to this country in 1906, and settled in Youngstown. His early education was obtained at Wood Street and Market Street Schools and South High School. He attended Ohio State University undergraduate and medical school, graduating in 1925. From 1925 to 1926, he interned at St. Elizabeth's Hospital.

His first office was one with a common waiting room with Doctor B. R. McElhaney, an Orthopod, whom he assisted in surgery for ten years. This office was located in the Home Savings & Loan Building where he stayed until he entered the service in 1942 as a Captain in the United States Air Force. He was stationed in the United States mostly near Tampa, Florida, where he was chief of the medical service. He completed his service in August, 1946, as a Major.

Upon returning from the service in 1946, he opened an office in the Schween-Wagner Building. In 1948, Doctor Samuel Epstein became his associate. This year, they moved to their present location in the Bel-Park Building.

Sam's hobbies were golf and bridge. He is an excellent bridge player, having won many trophies playing in tournaments. At one time, his knowledge of bridge challenged all leading authorities. He has not played golf for many years and at present is an enthusiastic pinochle player and can be heard whenever he plays. He is a very fine host at his own home, and often he acts as the co-host at other parties.

In 1953, he suffered a stroke which has left him somewhat incapacitated, but he still practices, having morning office hours only.

He is a member of the Elks, Squaw Creek Country Club, Phi Delta Epsilon and Sigma Alpha Nu fraternities.

He was president of the Academy of General Practice in 1953. He served on the Executive Council at St. Elizabeth's Hospital and at one time was Business Manager of the Bulletin.

He has three busy brothers, one Doctor Saul, radiologist at St. Elizabeth's and two in the wholesale grocery business founded by their father.

Sam is a likable fellow. He is also an astute, level headed physician. We certainly wish him the best of health in the years to come and hope he can practice as long as he wishes to.

*L. O. Gregg, M.D.*

## HYPNOSIS—DANGERS AND COMPLICATIONS

### *INTRODUCTION*

Thoughts, reflections, and opinions concerning hypnosis invariably lead to the dangers and complications of hypnosis. I cannot help wondering why there has recently been a resurgence in the popularity of hypnosis, how can the indications and contra-indications for hypnosis be defined so that these will be accepted by both the enthusiasts and the skeptics of hypnosis, how soon will there be repercussions from the indiscriminate use of hypnosis.

This psychiatrist, who is opposed to most of the present uses of hypnosis, shall not yield to the temptation to theorize concerning the motives and personalities of those with whom he disagrees. It is strange that some physicians and dentists will spend 10 to 30 minutes getting a patient to relax by means of hypnosis when he can get the same results by devoting up to 5 or 10 minutes to explanation, reassurance, and direct suggestion. As a physician, I am concerned that many people are using hypnosis, a relatively simple but potentially dangerous technique, with little training, without supervision, without awareness of the troubles they can cause, and lack of knowledge regarding what to do for the complications that they will be responsible for precipitating.

I find it easy to understand and accept that physicians interested in hypnosis are learning how to hypnotize from teachers with very limited knowledge of medicine (including psychiatry). I believe that a few may be too accepting of the medical indications, minimal dangers, and relative absence of complications that are erroneously stated by these teachers.

### *DEFINITION OF TERMS*

Every phenomenon, hypnosis included, defies accurate definition. A psychiatric dictionary and glossary, a medical dictionary, and Webster's dictionery are of little help. The best definition known to this writer is: an artificially induced state, usually (though not always) resembling sleep, but physiologically distinct from it, which is characterized by heightened suggestibility, as a result of which certain sensory, motor, and memory abnormalties may be induced more readily than in the normal state. Other definitions include words to effect that the conscious mind of the subject no longer functions completely so that the subject is obedient to the commands of the hypnotist or that there exists in hypnosis an increased receptivity to suggestion and direction.

Hypnosis, by defintion, should not refer to the effect of eloquent oratory and clever advertisements. The accurate definition does not include the simple words of reassurance or explanation that physicians use to relax patients or to minimize pain before, for example, a digital examination of a procedure involving a needle. In a very limited sense, every physician uses hypnosis to some degree many times each day.

### *DANGERS AND COMPLICATIONS*

The proponents of hypnosis minimize its dangers and complications; its opponents and skeptics either overemphasize or exaggerate its dangers. Regardless of prejudgment, perils are present. The simple fact that harm may result from hypnosis should act as a deterrant against indiscriminate hypnotizings. It is interesting that the advocates of hypnosis rarely mention the medical-legal aspects of hypnosis.

1. Can hypnosis be misused to induce hypnotized persons to commit wrongful acts either against themselves or others? This frequent

question can be dismissed quickly. Research has indicated that this is not possible. Hypnosis could possibly be used to induce a person to carry out tendencies that are already present to a great degree and are subject to only weak control.

2. Hypnotists have been accused of making sexual (homosexual and heterosexual) advances or suggestions while the subject was in a trance. This danger to the physician's professional status as well as the medical-legal liability makes the following advice necessary: one should never hypnotize another person without the presence of a third person.
3. Many subjects are drowsy either immediately after or for a short time after hypnosis. These drowsy and mildly confused people can fall, get into automobile accidents, or possibly be influenced by others. The obvious precautions are: the subject must be completely awake before he is permitted to be alone or to leave the office; also, the subject must be told that he will remain awake and that he will not go to sleep spontaneously during the day.
4. A few depressed people have committed suicide after hypnosis. Therefore, depressed people must be handled skillfully during hypnosis and with regard to any post hypnotic suggestion.
5. There is distinct danger of some people becoming too dependent upon the hypnotist after many sessions—unless the hypnotist takes specific precautions to avoid dependency upon him and hypnosis. There is no evidence that people who have been hypnotized as many as hundreds of times suffer any kind of mental or intellectual deterioration.
6. A subject suffering from incipient schizophrenia (these people are difficult to recognize) may crystallize a developing delusion while hypnotized. This has occurred with the hypnotist blamed for causing the psychosis. Hypomanic episodes may occur after hypnosis.
7. Moderate to severe anxiety is often precipitated in a person who does not go into a hypnotic trance. Every physician using hypnosis must recognize and accept that he will have failures—although some failures occur in those people who ask for hypnosis. The skilled and experienced hypnotist will try to dispel a subject's resistance but he will accept failure.
8. The subject will always awaken from a hypnotic trance—although the delay that is very infrequent can cause everyone involved considerable alarm and fear.
9. Physicians with some interest in hypnosis are misinformed by the extravagant claims of the enthusiastic advocates of hypnosis.
10. Many beginners in the use of hypnosis are so awed by the hypnotic trances they induce that they are strongly tempted to go beyond their objectives and abilities.

### *THE PRESENT STATUS OF HYPNOSIS IN PSYCHIATRIC THERAPY*

It is a fact that a large portion of the theories of personality development in present day dynamic psychiatry have their origins from hypnosis and attempts at therapy by means of hypnosis.

Psychiatrists are familiar with the failures of hypnosis in removing symptoms and the so called "cures" with hypnosis. A few psychiatrists are using hypnosis as a part of therapy—but not for the removal of symptoms.

When psychiatrists use the word "hypnotherapy" they mean psychotherapy with the aid of hypnosis; they do not mean or imply that hypnosis is the therapy. In so called "hypnotherapy," hypnosis is used to recover memories, to obtain discharge of emotionally charged material, to integrate various life experiences and the effects of these experiences, to gain insight, and to use all these in reeducation to better ways of adjusting—this is not a brief therapy and it does not involve the direct removal of symptoms by suggestion. Psychiatrists believe that hypnosis as therapy remains a treatment that is uncertain in its results and limited in its possibilities. The results of one of the foremost advocates of direct hypnotic suggestion (at the time when hypnosis had its last wave of popularity late in the last century and early in this century) are still cited. It must be understood that this physician (Pierre Janet) was and still is a highly respected psychiatrist who is one of the pioneers of modern psychiatric theory. His own follow up studies of some 3,500 patients whom he had hypnotized over a 30 year period revealed that in 7%, cures seemed permanent. However, even if the considerations and criteria of cure, recurrences, and follow up are disregarded—this means that 93% of his patients, after their symptoms had been removed by direct hypnotic suggestion, later had the same symptoms reprecipitated or else developed new and perhaps more incapacitating ones.

## *INDICATIONS AND CONTRAINDICATIONS*

The indications and contraindications depend somewhat upon prejudgments. I believe that hypnosis should be used only for relaxation, relief of pain, and to induce hypesthesia and anesthesia—only when there is a medical necessity for hypnosis. Medical science has many safe, efficient, rapid acting chemicals that are applicable to practically every patient. The possible complications of hypnosis are many—fortunately these are not frequent.

## *RECOMMENDATIONS*

1. Hypnosis should not be used directly or indirectly to enhance a physician's capability in the public's consideration.
2. Physicians should not participate in public or social displays of hypnosis.
3. Physicians should discourage lay people from hypnotizing others.
4. Physicians should make efforts to remove any misconceptions that those doctors who use hypnosis have any special power or unusual ability.
5. The dangers and complications of hypnosis should be appreciated and understood by those using hypnosis and those being hypnotized.
6. Great care must be used to avoid touching upon emotionally charged personality problems in each hypnotized person—these potentially dangerous, unresolved mental conflicts are different in every person.

## *SUMMARY*

1. The dangers and complications of hypnosis are many but do not occur frequently. Hypnosis is not completely safe.
2. The medical-legal aspects of hypnosis need further clarification by the malpractice insurance companies. Physicians using hypnosis should use every means to protect themselves—this includes written consent, awareness of the dangers, and ability to prevent, recognize, and properly treat the many possible complications.
3. Hypnosis is a medical procedure available to all physicians and should not be exploited by those who use hypnosis.

4. Hypnosis should be used only for relaxation, easing of pain, and induce hypesthesia and anesthesia only when other methods for these purposes are contraindicated.

5. Hypnosis should not be used for the removal of symptoms by direct suggestion.

6. Hypnosis should be used only when a third person is present.

*CONCLUSION*

This paper began with "thoughts, reflections and opinions concerning hypnosis . . ." I choose to include my predictions.

I believe that we have not yet witnessed the peak of the popularity of hypnosis. It will win new adherants. Results, true and false, will be publicized.

The first wave of reaction will occur among those using hypnosis. These will be quarrels concerning who should hypnotize (physicians, dentists, ostopaths, chiropractors, psychologists, mechanotherapists, massagers, healers, teachers, clergymen, health institutes personnel). Then will come disagreement concerning the claims and capabilities of those engaging in hypnosis. Then will come the tragedies—unfortunately in the hands of well meaning and sincere hypnotists. These will be followed by more and more malpractice litigations. The use of hypnosis will subside within 5 or 10 years to be followed by another wave of popularity in 40 or 50 years.

*Frank Gelbman, M.D.*

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## HAPPY BIRTHDAY!!!

*November 18*
H. N. Bennett
F. R. D'Amato
D. D. Krongold
*November 19*
M. I. Berkson
*November 22*
G. D. Fry
A. C. Marinelli
*November 24*
C. S. Lowendorf
R. R. Morrall
*November 25*
P. J. McOwen
*November 26*
S. V. Squicquero
*November 27*
R. V. Bruchs
*November 28*
W. L. Agey
C. H. Weidenmier
*December 1*
D. R. Bernat
C. Scofield
*December 2*
C. A. McReynolds
*December 3*
C. F. Wagner
*December 10*
H. L. Shorr
*December 13*
D. Nesbit
E. A. Shorten
*December 14*
D. M. Rothrock
*December 15*
F. G. Kravec

## FROM THE BULLETIN

### Twenty Years Ago—November 1938

Our Society hit the jackpot that month. Just read the imposing list of new members: Herman Ipp, G. E. DeCicco, Herbert Hutt, John Renner, Barclay Brandmiller, Joseph J. Sofranec, William E. Sovik and Alexander K. Phillips, all outstanding members.

The weekly lectures on "Treatment" by the Cleveland Clinic group were being published in condensed form in the Bulletin. Speaking on "Coronary Thrombosis" Carlton Ermestene said "After the pain and initial shock have been controlled, the majority of patients require little medication." Anticoagulants were not used those days. The most valuable mercurial diuretics used for congestive heart failure with edema were salrygram and mercupurin given intravenously. They were quite painful given intramuscularly. Theocin was given by mouth in doses of 5 grains 3 times a day for three or four days followed by a rest period (to let the stomach quiet down).

Dr. J. H. Talbott of the Massachusetts General Hospital addressed the Society on "The Use Of The Chemical Laboratory In Diagnosis And Practice Of Medicine." Dr. Talbott led the group from the Harvard Fatique Laboratory whose research work here in Youngstown in 1934 solved the problem of heat cramps in the mill workers.

It was the custom for many years to print cogent quotations on the cover page of each Bulletin. Editors were often hard pressed to dig up good ones and they often wondered if anyone read them. The one on this cover credited to William R. Houston bears repeating: "The presumption is likely to exist that if only the diagnosis be correct, correct treatment will flow inevitably from it. Nothing could be further from the truth. Treatment is not a mere corollary of diagnosis. Treatment in itself demands the full employment of all one's powers of keen observation and clear, unbiased judgement, and it demands also a warm enthusiasm."

### Ten Years Ago—November 1948

Dr. Douglas Bond, Professor of Psychiatry at Western Reserve University addressed the Society on "The Relationship of Doctor and Patient." His talk was extremely interesting and there was an enthusiastic discussion and question period afterward.

A leading article in that issue was written by John L. Scarnecchia on "Retrodisplacements Of The Uterus." Dr. Scarnecchia received word in October of his election to fellowship in the American College of Surgeons.

Dr. Bryan Hutt passed his examinations successfully and was accredited by the American Board of Pediatrics. Dr. E. R. McNeal opened his office for the practice of internal medicine.

Dr. W. H. Bunn was elected President and Dr. R. B. Poling Vice President of the new Youngstown Heart Association.

Dr. W. J. Flynn became an active member of the Medical Society.

Monthly scientific meetings were being held in the Cascade Room of the Pick-Ohio Hotel. After the plush days when meetings were held at the Youngstown Club followed by a social period of billiards or pool or cards, there were many complaints about the quarters. The Youngstown Club could no longer accommodate our growing organization, so when any member complained President Noll would appoint him to the Housing Committee with orders to find a better place. That was a poser but after many trials we settled in the Elks Club which is not bad. It is hoped that some day this column will tell about the good old days when we built our own new building with a fine auditorium. The new Academy of Medicine building in Toledo is one of the finest and a model for every growing Medical Society.

*J. L. Fisher, M.D.*

• PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN •

## PROCEEDINGS OF COUNCIL
### October 13, 1958

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on Monday, Oct. 13, 1958 at the office of Dr. M. W. Neidus, 318 Fifth Ave., Youngstown, Ohio.

The following physicians were present: A. A. Detesco, President, presiding, H. P. McGregor, C. C. Wales, S. W. Ondash, M. W. Neidus, M. S. Rosenblum, F. A. Resch, Asher Randell, P. J .Mahar, C. E. Pichette, comprising Council, also S. Franklin, F. Gelbman, G. Delfs, E. G. Rizk and S. F. Gaylord.

Meeting was called to order at 9:00 p.m. Minutes of the previous meeting were read and approved.

Dr. Detesco read a letter from Mr. Stanley Engel, chairman of the Clarence L. Robinson Testimonial Dinner Committee, requesting that the Medical Society write a letter of commendation to Mr. Robinson. A motion was made, seconded, and duly passed that such a letter be written.

Dr. Delfs submitted a report of the joint Polio and Pre-School Health Committees, making the following recommendations:

1. That free Salk vaccine be given to pregnant women attending the hospital obstetric clinics.

2. That free Salk vaccine be given in the well baby clinics to infants and pre-school children who are registered for attendance there.

3. That indigent persons of 40 years and under be able to receive Salk vaccine free at the baby clinics on a certain designated one day a month.

4. That indigent persons of 40 years and under be able to receive free Salk vaccination in the office of the doctor of their choice.

5. That the facilities of the Public Health Department be open one day a week for free Salk vaccination of indigents 40 years and under.

The report also recommended that some system for screening indigent persons be set-up by the Well Child Conference.

Following discussion, a motion was made, seconded, and duly passed that the recommendations be accepted, and forwarded to the Youngstown Board of Health for approval and necessary action.

Dr. Detesco introduced discussion on the current Community Chest campaign. Dr. Ondash requested that a letter be sent to Mr. Codding, Executive Secretary of the Community Chest, requesting that all gifts made by Society members be included in the Physicians Section, rather than some being included in with the hospitals or other sections.

Dr. McGregor reported on a special meeting of the Canfield Fair Committee. He introduced the report by reading a letter from May Vetterle, Executive Director of the Youngstown Hearing and Speech Center. The letter protested the uncontrolled hearing tests and untrained counseling by commercial hearing aid dealers at the Canfield Fair.

The Canfield Fair Committee found the following practices to be true of those who were selling hearing aids and making hearing tests at the Fair:

1. The people were told they needed hearing aids when they did not actually need them.

2. People were told that it was all right to buy hearing aids without a doctor's check-up.

3. People were told that their hearing was so bad that doctors' treatment would not help.

The committee recommends that commercial hearing aid exhibitors not be allowed to test hearing at the Canfield Fair. The committee further recommends that a letter to this effect be sent to the Canfield Fair Board, and suggests that members of the Canfield Fair Committeee meet with members of the Fair Board.

The motion was made, seconded, and duly passed that these recommendations be approved.

Dr. McGregor then read a financial report indicating that the Medical Health Tent showed a loss of $64.32, but that the report included an unusual expense in the way of a permanent sign that cost $238.00.

A motion was made, seconded, and duly passed commending Dr. McGregor and the Canfield Fair Committee.

Dr. Gelbman submitted the following resolution from the Mental Health Committee: The Mahoning County Medical Society approves the Adult Guidance Center, 128 W. LaClede Ave., Youngstown, Ohio. This approval can be re-examined at the discretion of the Council of the Mahoning County Medical Society.

A motion was made, seconded, and duly passed accepting this resolution.

Dr. Franklin introduced discussion concerning the Constitution and By Laws of the Mahoning County Medical Society. He reported that the Ohio State Medical Society had approved the election procedure of the proposed Constitution, but that the rest of it was not approved. Dr. Detesco requested that Dr. Franklin continue to work on the Constitution.

Dr. Resch reported on the Annual Banquet, asking for assurance that the Society would underwrite any loss sustained by the Social Committee for this affair. Considerable discussion ensued concerning the Friday night date of the Banquet. Dr. Resch was asked to check the possibility of holding the Banquet on Saturday night at the Pick-Ohio Hotel Ballroom. Council assured Dr. Resch that the Society would underwrite any normal loss.

Dr. Rosenblum introduced discussion concerning the financial status of the Bulletin. He reported that the Bulletin showed a profit of $129.07 as of Oct. 1.

A motion was made, seconded, and duly passed commending Dr. Rosenblum as Editor of the Bulletin.

Bills were read. A motion was made, seconded and duly passed to pay each one. A list of bills is attached to the minutes.

The following applications were presented by the Censors:

ACTIVE MEMBERSHIP

Marie Louise Porter, 203 Terminal Bldg., Youngstown, Ohio
Robert G. Warnock, 803 Home Savings & Loan Bldg., Youngstown, Ohio

ASSOCIATE MEMBERSHIP

Walter J. Gerstle, 53 South Dunlap Ave., Youngstown, Ohio
David Richards Ginder, St. Elizabeth Hospital, Youngstown, Ohio
Allen Howard Holt, 3031 Market St., Youngstown, Ohio
Winifred Liu Mutschmann, North Side Hospital, Youngstown, Ohio
Julium Nemeth, 375 South Belle Vista Ave., Youngstown, Ohio
Joseph W. Tandatnick, St. Elizabeth Hospital, Youngstown, Ohio

JUNIOR ACTIVE MEMBERSHIP

Ernest Eugene Alvin, 220 Lincoln Ave., Youngstown, Ohio
Ching-Chi Chen, 1009 Belmont Ave., Youngstown, Ohio
Henry Steven Ellison, 611 Belmont Ave., Youngstown, Ohio

Curtis J. Fisher, 2218 Market St., Youngstown, Ohio
Harry W. Haverland, North Side Hospital, Youngstown, Ohio
John Arthur Hyland, 2722 Mahoning Ave., Youngstown, Ohio
Milton John Lenhart, (in military service)
Samuel Francis Petraglia, 215 Main St., Poland, Ohio
Arthur Vance Whittaker, 110 Main St., Poland, Ohio

Unless objection is filed in writing with the Secretary within fifteen days, the above become members of the Society.

*S. W. Ondash*
*Acting Secretary*

## INDIGENT CARDIAC DIAGNOSIS AND SURGERY

Financial help in diagnosing cardiac disability and aiding in surgery can be obtained through the Ohio State Crippled Children Service for patients under 21 years of age. However, doctors in Mahoning County may not be aware that all hospitals will not accept these cases referred by the Crippled Children's Service.

The Youngstown Area Heart Association is presenting this information to help doctors in arranging for aid for indigent patients. The child must be a resident of Ohio and must be referred before any diagnostic work or surgery is done, not after. A diagnostic request must be referred by the family doctor, or clinic, if a patient of such. The doctor sends form CC-5 in triplicate to Dr. Nathan Eisenberg, Medical Director, Services for Crippled Children, Columbus, Ohio. These CC-5 forms can be obtained through the local hospitals, the office of the Services for Crippled Children, or the Youngstown Area Heart Association, 807 Wick Building.

State approval is then sent to the doctor and an appointment is made with one of the hospitals listed below. If the doctor doing diagnostic work feels that surgery should be done, he then sends the CC-5 form to the state requesting financial aid. The state refers the case to the Services for Crippled Children nurse employed in the county where the patient lives. The nurse does the social workup and reports to the state office.

If the case is accepted, the doctor or nurse is notified and an appointment is made.

These hospitals in Ohio will accept these cases:

CLEVELAND: University Hospital, Dr. Claude S. Beck
Cuyahoga County Hospital (formerly City Hospital), Dr. S. M. Sancetta
St. Vincent's Charity Hospital, Dr. Earl B. Kay, Dr. H. A. Zimmerman

CINCINNATI: Children's Hospital, Dr. R. A. Lyon, Dr. Sam Kaplan, and Dr. J. Holmsworth
St. Mary's Hospital, Dr. Robert Green, Dr. Elmer Maurer

AKRON: City Hospital, Dr. James Kramer, Dr. Uffe Henson
Diagnostic Only
General Hospital, Dr. W. B. Bartholomew, Dr. Arch Beatty
Children's Hospital, Dr. Wm. Falor

TOLEDO: Toledo Hospital, Dr. M. W. Selman, Dr. W. A. McAlpine

COLUMBUS: Children's Hospital, Dr. H. W. Clatworthy, Jr., Dr. D. N. Hosier

*L. P. Caccamo, M.D.*

# IN MEMORIAM

## EUGENE E. ELDER

1890-1958

Dr. Eugene E. Elder died at the age of 68 on October 2, 1958, at Miami Beach, Florida. He had been in poor health for the past few months.

Dr. Elder was born in Hungary. Military service in the Austro-Hungarian army during the first world war interrupted his medical education, and he spent some years as a prisoner of war in Siberia. Following the armistice, he returned to his native Hungary and was graduated from the Medical School of the University of Budapest. Shortly after his graduation he came to the United States. After a brief stay in Cleveland and Pittsburgh, he settled in Youngstown where he was engaged in private practice of medicine for years. He developed an interest in psychological problems and psychiatry and following graduate study of this specialty at the University of Pennsylvania he joined the psychiatric staff at Massillon State Hospital, and later became assistant superintendent of the same institution. In 1945, he became superintendent of Ohio's first receiving hospital in Youngstown, and held this position until August, 1958, when he resigned for reasons of ill health.

The idea of the psychiatric receiving hospital, the small intensive treatment center, became a reality in Ohio in 1945, when the first institution of this type was established in Youngstown. Dr. Elder became one of the leader-advocates of this new idea in mental health movement, and his talent, idealism, devotion and indomitable courage proved the absolute usefulness of this then new concept.

Dr. Elder was guided by deep religious conviction and sincere humane devotion; he had a keen and unfailing sense of justice, particularly when defending the poor and needy. His integrity was supreme. He had no consideration for himself or need of his own; his life was his hospital and his patients. He had a formidable sense of humor and his close associates many a time found relaxation in his stories, especially about his years in Siberia. He was a kind person who did good anonymously and did not seek or accept public recognition. He was not a man of words but of deeds. He constantly searched for more knowledge and was an avid reader of medicine and scientific progress. He was conservative in his own life, progressive in his medical thinking and practice. His deep understanding of human problems, his selflessness and absorption in the problems of others and his indentification with his patients made him loved by his patients, and he inspired his associates.

He was a connoisseur of the finer things of life. Only his close friends knew his love of fine music and of his talent as a violinist. His resignation due to ill health did not stop his interest in his institution, and he planned to return periodically to Youngstown, to his beloved Woodside Receiving Hospital.

Thousands in northeastern Ohio knew him, blessed him and mourn him. Anyone visiting Woodside Receiving Hospital will feel the influence of this fine doctor and humanitarian. Work was never too much for him if it was for his patients; service and sacrifice for his fellow man was his creed. The Latin saying indeed fits his memory: "Si monumenta queris, circumspice."

*Charles Waltner, M.D.*

## SOCIETY HONORS TWENTY-SEVEN PAST PRESIDENTS

Twenty-two of the Medical Society's twenty-seven past-presidents were in attendance at the commemoration banquet in their honor at the Pick-Ohio Ballroom, Sept. 27th.

On hand to receive an honorary scroll were: Dr. W. K. Allsop, Dr. A. Earl Brant, Dr. James D. Brown, Dr. L. George Coe, Dr. G. E. DeCicco, Dr. W. H. Evans, Dr. James L. Fisher, Dr. Paul J. Fuzy, Dr. Vernon L. Goodwin, Dr. C. A. Gustafson, Dr. J. P. Harvey, Dr. J. N. McCann, Dr. George M. McKelvey, Dr. F. W. McNamara, Dr. E. H. Nagel, Dr. G. G. Nelson, Dr. John Noll, Dr. Stephen W. Ondash, Dr. R. B. Poling, Dr. J. M. Ranz, Dr. Ivan C. Smith, and Dr. E. J. Wenaas.

Unable to attend were: Dr. Wendell H. Bennett, Dr. W. H. Bunn, Sr., Dr. R. W. Fenton, Dr. Edward J. Reilly, and Dr. A. W. Thomas.

The honors were presented by the speaker, Dr. George F. Lull, Assistant to the President of the American Medical Society. Dr. Detesco introduced each recipient with appropriate remarks concerning the term of office of each, and the high esteem in which the Society held each man.

Dr. Lull, speaking on the need for active participation by physicans in community affairs, pictured the doctor as being particularly well equipped for community leadership by medical education which teaches him to assemble, sort and evaluate information, and by his daily work, which brings him into contact and understanding with a cross-section of the people of his community.

Dr. Lull was introduced by Dr. C. A. Gustafson. Chairman for the banquet was Dr. R. L. Tornello.

Business of the evening included the reading of the names of applicants for membership in the Mahoning County Medical Society.

## WOMAN'S AUXILIARY NEWS

"Chapeaux for You" was the title of the millinery style show presented at the October 7th luncheon meeting at the Jade Room for Auxiliary members and their guests. Models were Mrs. Joseph J. Campolito, Mrs. Alfred Cukerbaum, Mrs. Robert Heaver, Mrs. Edward Pichette, Mrs. Arthur E. Rappoport, and Mrs. Ivan C. Smith.

Mrs. Dean Stillson was program chairman for the day assisted by Mrs. Robert Brown. Hostesses were Mrs. Paul Ruth, Mrs. A. W. Georden, Mrs. J. G. Guju, and Mrs. R. B. McConnell.

Mrs. Earl H. Young, president, urged Auxiliary members to attend the Sixth District meeting with their husbands in Akron on October 22nd. Auxiliary members are also invited to be guests of the Woman's Auxiliary to the Mahoning Valley Society of Professional Engineers at a luncheon on October 22nd at the Youngstown Club. Mrs. Fred Resch is in charge of reservations.

The Nurses' Scholarship and American Education Foundation Fund Dance is to be held Saturday, November 22nd from 10:00 P.M. to 2:00 A.M. at Squaw Creek Country Club. This is the Auxiliary's one money-raising project for the year and is promoted to support two very worthy causes. Mrs. Harold Chevlen is chairman of the dance and is assisted by Mrs. Edward Thomas, Mrs. A. A. Detesco, Mrs. Bert Katz, Mrs. Samuel Epstein, Mrs. Louis Zeller, Mrs. Stephen Ondash and Mrs. Bert Firestone.

Hope to see you all there!

*Mrs. Ben S. Brown*
*Publicity Chairman*

## SOCIAL NEWS
### Youngstown Hospital

The coming of the fall season brought the World Series, football, turning leaves and anti-freeze. It also brought the usual flurry of fall conventions.

The American College of Surgeons held their meeting Oct. 6th to 10th in Chicago. Dr. Gordon Nelson was there, of course,, and new members accepted from this area were Drs. Bert Katz, John Guju, Dick Murray, Cal Kunin, and Ed Thomas. Also attending were Drs. Fred Schellhase, and Frank Inui. Dr. Al Geordan attended the American Urological Society in Milwaukee, but claims he didn't make it to the World Series.

The GP's had their day too. At their meeting in Toledo Oct. 1st and 2nd, after a heart-warming nomination speech by Dr. W. P. Young, they elected Dr. J. L. Fisher as director of the Sixth District of Ohio. Also attending were Drs. A. W. Miglets, Jack Schreiber, Fred Friedrich, John LaManna, Jim Finley, H. P. McGregor, Harold Chevlen and R. R. Fisher. Also there were Drs. Levy and Maine and one of our 1948 interns, Dr. Richard Belch.

Vacations haven't faded out either. Dr. Wayne Agey departed Sept. 27th for a three week tour of Europe with members of the Porsche Club of America. He plans to bring back a new Porsche car from Germany.

Even football stirred up some social news when lovely Ann Brandmiller was voted Queen of Boardman's Homecoming game on Oct. 11th. (Boardman won 26-0 over North)

New homes and new arrivals make news too. Dr. and Mrs. James L. Finley announced the arrival of their fifth child, a daughter, born Sept. 24th. Dr. and Mrs. Robert Foster proclaimed the birth of their fourth child, a son, born the same day. The Dr. U. H. Boennings moved into a new home at 1160 Old Furnace Rd., and Dr. Walter Tims and family moved into a new home on Brookwood Ave.

For a change there were no major illnesses or disabilities among our members. Only exception to this was Dr. Ed Rizk who had a submucus resectio done at Cleveland Clinic. He is recovering nicely and is back to work.

*Robert R. Fisher, M.D.*

## SOCIAL NEWS
### St. Elizabeth Hospital

Dr. John McDonough presented a paper on "Complications of Radical Pelvic Surgery in Treatment of Carcinoma of the Cervix" at the Central Association of Obstetricians and Gynecologists at Minneapolis recently. Also present at the meeting was Dr. A. J. Brandt.

Dr. and Mrs. Scheetz, and Dr. and Mrs. Raupple went to the Roentgenology meeting in Washington, D.C., and on their way home stopped at Bedford Springs, where they spent a weekend with Dr. and Mrs. Pichette, Gambrel, and J. J. Sofranec. Dr. and Mrs. A. K. Phillips had been there the week previous.

Drs. Ondash and Kupec attended the American College of Surgeons meeting in Chicago. Our senior resident in surgery, Dr. O'Carroll, was a guest of the Medical Service Foundation at the meeting. Drs. W. Evans and Goodwin attended the EENT Academy meeting in Chicago.

Dr. A. Calder has opened his office on Glenwood Ave. Lots of luck, Alex.

*James R. Sofranec, M.D.*

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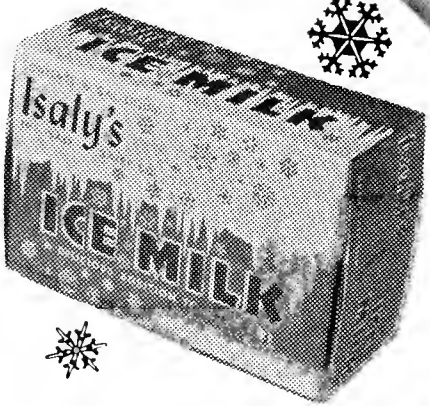


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